

CABINET FOR HUMAN RESOURCES
DEPARTMENT FOR HEALTH SERVICES

☐ APPLICATION FOR PERMIT/LICENSE TO OPERATE A _____

☐ FACILITY PROFILE

Permit/License Fee _____ Inspection Fee _____ Total _____ Date _____

Date Paid _____ Check ☐ Cash ☐ Money Order ☐

1

Action

New N

Change C

Deleted D

Reactivate R

2

Est. No.

3

Status

Active A

Inactive I

Hold H

No. app N

Suspended S

4

County

5

Program

6

Sanitarian

7

Insp Intvl.

8

Type of Est.

9

Type of Service

Sit Down/Full1

Cafeteria/Continental2

Carry-out/retail mkt.3

Caterer (Comm.)4

Interstate Conveyance5

No Service Type6

10

Water Supply

Public1

Private2

Other3

11

Sewage

Public1

Private2

Other3

12

Federal ID

13

Census Tract

14

Name of Establishment

TO BE COMPLETED BY APPLICANT - PLEASE PRINT

15

Sort Name (leave Blank)

16

Street Address

City

Zip Code

17

Phone #

18

Owner's Name

Mailing Address

City

State

Zip Code

19

Phone #

Social Security No.

20

Quantity 1

Unit Measure

MachinesA

Mob. Home SpaceM

RoomsR

SeatsS

TrucksT

GallonsG

BoardersB

21

Quantity 2

Unit Measure

Commissariesc

RV SpacesV

FeetF

Male StudentM

ResidentsR

22

Planned Construction No. _____

Unit Measure

Quantity

Date

23

Recent Completion

Unit Measure

Quantity

Date

24

State Owned

25

Fee Paying

26

WIC

27

Group ID

28

Print Permit

Roster

29

Home County

30

Truck Only

SEPTIC TANK TRUCKS

31

Bond Information

Insurance Company1

Individual2

Bond Needed3

Not Required4

Cancelled5

32

Number

Make

Model

Year

Capacity

Construction Plan Approval ☐

New or Additional Plumbing Construction Approval ☐

By _____

Health Authority

Applicant Signature _____

Date _____